



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Austin Board of REALTORS PAC</p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* Apartment or Suite Number</p> <p>4800 Spicewood Springs Rd </p> <p>City* State* Zip Code*</p> <p>Austin TX 78759</p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title First Name Middle Initial</p> <p>Ms Emily </p> <p>Last Name Suffix</p> <p>Chenevert </p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p>4800 Spicewood Springs Rd </p> <p>City State Zip Code</p> <p>Austin TX 78759</p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p>20181129</p>

* Indicates a required field

FILED IN THE OFFICE OF CITY CLERK
 ON 29th DAY OF NOV 2018
 AT 4:45 PM
Mary Gray
 CITY CLERK



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6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: Nov 29 2018

Jennifer Williams

AFFIANT'S SIGNATURE

Jennifer Williams

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

Jennifer Williams

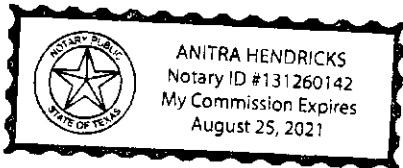
On the 29 day of November, 2018, to certify which witness my hand and official seal.

Anitra Hendricks

Notary Public in and for the State of Texas

Anitra Hendricks

Typed or Printed Name of Notary





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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1	PAYEE NAME	Organization Name or Payee Last Name, as applicable*		
	<input type="checkbox"/> Payee is an individual	Kelly Graphics		
2	PAYEE ADDRESS	Payee Address/ PO Box*	Payee Apartment or Suite Number	
		1409 Quaker Ridge		
	Payee City*	Payee State*	Payee Zip Code*	
	Austin	TX	78746	
3	EXPENDITURE DETAILS	Category*	(\$) Expenditure Amount*	
		Advertising Expense	\$78,715.82	
	Description (If Category is "Other")	Expenditure Date*		
		20181128		

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Harper-Madison, Support	Natasha	City Council District 1	
Renteria, Support	Sabino	City Council District 3	City Council District 3
Ward, Support	Frank	City Council District 8	

Add Another Expenditure Page



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text"/> <input type="text"/> <input type="text"/> Contributor Employer* Contributor Occupation* <input type="text"/> <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text"/> <input type="text"/>

Add Another Contribution Page